



Last, First, Middle Initial

This transaction is a: ☐ Termination ☐ Layoff

## Date Last Paid:

Date Last Worked: \_\_\_\_\_

☐ Yes ☐ No

Insurance cancellation effective date: \_\_\_\_\_/01/\_\_\_\_\_

**n** Comments:

## Signatures

☐ Entered

I hereby certify that the facts stated above are correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ■ Civil Service Commission

☐ Approved   ☐ Disapproved \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

CSC Verified